

MANUAL BREAST PUMP/BREASTFEEDING AID RELEASE FORM

The client agrees to abide by the use agreement as described below in order to be eligible to receive the breast pump or breastfeeding aid made available by the WIC Program.

I agree to:

1. Use the pump or breastfeeding aid as instructed by the staff.
2. Notify _____ at _____ if I need further information or have questions on the use of the breast pump/breastfeeding aid.

I understand that the WIC Program, its employees, and the Kansas Department of Health & Environment is NOT responsible for any personal damage caused by the use of this breast pump or breastfeeding aid. I am the only one responsible.

Client Signature _____ Date _____

Manual Pump Given – Model _____

Breastfeeding Aid Given - _____

Other - _____

Instructions given for pump

Information given about breast milk storage.

Staff Signature _____ Date _____